I. AMENDMENTS

Please amend the subject application as follows:

In the Specification:

Please replace the paragraph beginning at page 11, line 24, with the following rewritten paragraph:

--Figure 4B shows an insert (222) having both a significant meridional length component (224) and a significant width or circumferential component (226). The ratio of the length of the meridional length component (224) to the width or circumferential component (226) in the variation shown in Figure 4B is about 1.0. Its general positioning to the corneal meridian (206) is also depicted in the Figure.--

Please replace the paragraph beginning at page 14, line 10, with the following rewritten paragraph:

--Further, the typical width of the individual inserts discussed above is often between 0.2 mm and 2.0 mm. The typical thickness is often between 0.15 mm and 0.5 mm. In addition to the width and thickness of the insert tapering at one or both ends, the thickness of the insert may optionally vary from one end to the other end of the insert (*e.g.*, along the centroidal length of the insert) to provide for a desired change in corneal curvature at the location of the insert. The centroidal length of the insert (*i.e.*, the length of the insert measured along the centroidal axis of the insert) is contemplated to rarely exceed 3.0 mm. Preferably, the insert has a centroidal length which is less than or equal to 2.5 mm, and more preferably less than 2.0 mm. When the centroidal length is determined for an insert configuration other than the simple configuration shown in Figure 4A (*e.g.*, such as the insert shown in Figure 4B), the centroidal length corresponds to the length of the radially arcuate portion measured along the centroidal axis of that portion. As another example (*e.g.*, the insert of Figure 4C), this length corresponds to the length of the generally radially extending leg (*e.g.*, the non-circumferentially extending portion) measured along its centroidal axis. These parameters (along with certain other variables such as

the cross-sectional shape of the device and its constituent polymers and stiffness) determine in large part, the level of correction achievable by use of a selected insert.--

Please replace the paragraph beginning at page 17, line 21 with the following rewritten paragraph:

--Additionally, the polymeric material making up the insert may be one or more low modulus polymers, e.g., those having a modulus of elasticity below about 3.5 kpsi, more preferably between 1 psi and 1 kpsi, and most preferably between 1 psi and 500 psi, which are physiologically compatible with the eye. Most polymeric materials used in soft contact lenses are suitable materials for making up the inserts of this invention. The class includes physiologically compatible elastomers and such polymers, typically crosslinked, as polyhydroxyethylmethylacrylate (poly-HEMA) or polyvinylpyrrolidone (PVP), polyethylene oxide, or polyacrylates, polyacrylic acid and its derivatives, their copolymers and interpolymers, and the like as well as biologic polymers such as crosslinked dextran, crosslinked heparin, or hyaluronic acid. Acrylic polymers having a low T_g are also suitable.--

Please replace the paragraph beginning at page 29, line 10 with the following rewritten paragraph:

--Alternatively, multiple corneal markers can be used to form the incision mark, the clockwise and counterclockwise circumferential channel marks, and the radial pocket marks which aid the surgeon during surgery. For example, two corneal markers can be used to form the desired marks. One corneal marker may have an incision marker, clockwise and counterclockwise channel markers, and a reticule or sight to enable the corneal marker to be aligned to the center mark (360) of the patient's cornea. The second marker may have radial pocket markers and a reticule or sight. Each corneal marker is individually aligned with the center mark (360) and pressed against the patient's cornea to form the desired marks. The combined incision/circumferential channel markers are usually pressed against the cornea before any vacuum centering guide is placed thereon so that the surgeon can easily make the initial incision into the cornea. After the vacuum centering guide is placed on the cornea, the surgeon inserts the second corneal marker into the vacuum guide and presses it against the patient's cornea to form radial marks on the cornea to guide surgery.--